	ATION FEE DE Effective Octob	•				0	9/	7	703	69
CLAIN	18 A8 FILED .			mn 2)	SMAL TYPE	L ENTI		OR	OTHER	THAN
TOTAL CLAIMS					RAT	E	FEE		RATE	FEE
FOR	NUMBER	NUMBER FILED		NUMBER EXTRA		FEE 3	70.00	OR	BASIC FEE	740.0
TOTAL CHARGEABLE CLA	VIMS mir	nus 20= 1	•		X\$ 9) <u>=</u>		OR	X\$18=	
NDEPENDENT CLAIMS		_ minus 3 =				-		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT			•	X+[]		\dashv			+280=	· · · · ·
If the difference in column 1 is less than zero, enter "0" in column 2						+140= TOTAL		PO		
	AS AMENDED	•	٠.			, L		PO	TOTAL OTHER	THAN
(Colum		(Colum	nn 2)	(Column 3)	SMA	LL EN	rity	OR	SMALL	
CLAI REMAI AFTI AMEND Total Independent	NING ER	HIGH EMUN ORVERPO LOVA	ER USLY	PRESENT EXTRA	RAT	E TI	DDI- DDI-	Ì	RATE	ADDI- TIONA FEE
Total • ol	Minus .		Q		X\$ 9	-		OR	X\$18a	
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FIRST PRESENTATION	OF MULTIPLE DE	PENDENT	CLAIM	لبلا	+140	=:		OR	+280=	
		•	٠.	•	70			OR .	TOTAL	**************************************
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	Complete State of the San				ADDIT.	EE L			ADDIȚ. FEE	
(Columnia)	M8 NING ER	(Colum HIGH HUME PREVIO PAID	eby Ber Busly	PRESENT EXTRA.	RAT	ETIC	DDI- DNAL EE		RATE	ADDI- TIONA FEE
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FIRST PRESENTATION	OF MULTIPLE DE	PENDENT	CLAIM	. [1]		1	1	•	+280⇒	
				· ·	+140			OR	TOTAL	
If the entry in octumn 1 is less at the Highest Humber Proviett ine Highest Humber Proviet The Highest Humber Proviet	busy Pald For IN TH	HE SPACE F	o pesso etip	n by enter 20		ŒL.	-		ADDIT. FEE	-

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